

## NOTICE OF GRANT AVAILABILITY

**NAME OF GRANT PROGRAM:**

Ryan White Title I

**STATUTORY AUTHORITY:**

Public Health Service Act

Public Law 104-146

**GRANT PROGRAM NO.** 05-19-AIDS

**TYPE OF AWARDS TO BE ISSUED:**

Cost-reimbursement Grants and/or

Letters of Agreement

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**PURPOSE FOR WHICH THE GRANT PROGRAM FUNDS WILL BE USED:**

To develop a coordinated continuum of care for individuals with HIV and their families in Camden, Burlington, Gloucester, and Salem counties. Specific activities include: medical and nursing care, dental outreach, drug treatment services, case management, housing and support services.

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**AMOUNT OF MONEY IN THE GRANT PROGRAM:**

Approximately \$1.5 million is available. Awards begin on March 1, 2004 and will be made for a 12-month budget period. Funding estimates may vary and are contingent upon a Federal appropriation for the Ryan White CARE Act to the Department of Health and Senior Services. Contact the person identified below to determine if funds have been awarded, and to receive further information. Continuation awards will be based on satisfactory progress and evaluation, and availability of funds. Current recipients of grants who have performed satisfactorily will be given first priority for continued funding.

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**ELIGIBLE APPLICANTS MUST COMPLY WITH THE FOLLOWING REQUIREMENTS:**

1. Terms and Conditions for the Administration of Grants
2. General and specific Grant Compliance requirements issued by the Granting Agency.
3. Applicable Federal Cost Principles relating to the Applicant

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**GROUP OR ENTITIES WHICH MAY APPLY FOR THE GRANT PROGRAM:**

Local government agencies, state agencies, private non-profit corporations, hospitals, local health departments, municipalities, and community-based agencies. Preference will be given to current recipients of grants.

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**QUALIFICATIONS NEEDED BY APPLICANT TO BE CONSIDERED FOR A GRANT:**

Experience with the provision of community health and social services. Experience with HIV/AIDS and/or affected populations. Appropriate professional licenses and compliance with appropriate regulations.

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**APPLICATION PROCEDURES:**

Submit a 1-2 page concept paper to contact below delineating goals and objectives, and a brief budget. Based on the availability of funds, a Request for Application (RFA) will be released to eligible entities, including those who have submitted concept papers.

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**FOR INFORMATION CONTACT:**

Director, Care and Treatment Unit

Division of HIV/AIDS Services

P.O. Box 363

Trenton, NJ 08625-0363

**TELEPHONE:** (609) 984-6328

**FAX:** (609) 292-4244

**E-MAIL:** carmine.grasso@doh.state.nj.us

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**DEADLINE BY WHICH APPLICATIONS MUST BE SUBMITTED:**

Varies by grant. Information will be included in the Request for Application. Concept papers will be accepted throughout the year.

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**DATE BY WHICH APPLICANT SHALL BE NOTIFIED WHETHER THEY WILL RECEIVE FUNDS:**

Applicant will be notified within one month of the beginning of the project period.